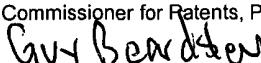
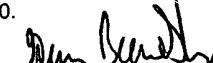
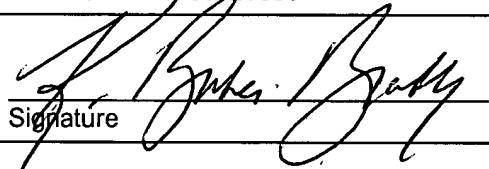


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<p>I hereby certify under 37 C.F.R. § 1.10 that this correspondence is being deposited with the United States Postal Service as "Express Mail Post Office to Addressee" with sufficient postage on the date indicated above and is addressed to Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.</p> <p> </p>	
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10/636065  
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<b>UTILITY PATENT APPLICATION TRANSMITTAL UNDER 37 C.F.R. § 1.53(b)</b>	
Attorney Docket Number	07891/025005
Applicant	Robert G. Korneluk et al.
Title	ANTISENSE IAP OLIGONUCLEOTIDES AND USES THEREOF
<b>PRIORITY INFORMATION:</b>	
This application is a continuation of U.S.S.N. 09/672,717 (now allowed), filed September 28, 2000.	
<b>SMALL ENTITY STATUS:</b>	
<input checked="" type="checkbox"/> Applicants claim small entity status under 37 C.F.R. § 1.27.	
<b>APPLICATION ELEMENTS:</b>	
Cover sheet	1 page
Specification	57 pages
Claims	3 pages
Abstract	1 page
Drawings	67 sheets
Combined Declaration and Power of Attorney, which is:	4 pages
<input type="checkbox"/> Unsigned; <input type="checkbox"/> Newly signed for this application; <input checked="" type="checkbox"/> A copy from prior application 09/672,717 and the entire disclosure of the prior application is considered as being part of the disclosure of this new application and is hereby incorporated by reference therein.	
Sequence Statement	2 pages
Sequence Listing on Paper	59 pages
Sequence Listing on Diskette	1 disk
Preliminary Amendment	[**] pages
Information Disclosure Statement	[**] pages
Form PTO 1449	[**] pages
Cited References	[**] references
Recordation Form Cover Sheet and Assignment	[**] pages
English Translation	[**] pages

08/07/03  
01576 U.S. PTO

Certified Copy of Priority Document	[**] pages
Non-publication Request under 35 U.S.C. § 122(b).	[**] pages
Request for Deferral of Examination under 37 C.F.R. § 1.103(d)	[**] pages
A Small Entity Statement	[**] pages
Return Receipt Postcard	1
<b>FILING FEES:</b>	
Basic Filing Fee: \$375	\$375.00
Excess Claims Fee: 18 - 20 x \$9	\$****
Excess Independent Claims Fee: 2 - 3 x \$42	\$****
Multiple Dependent Claims Fee: \$280/\$140	\$****
Total Fees:	\$375.00
<input checked="" type="checkbox"/> Enclosed is a check for \$375.00 to cover the total fees.	
<input type="checkbox"/> Charge [**AMOUNT**] to Deposit Account No. 03-2095 to cover the total fees.	
<input type="checkbox"/> The filing fee is not being paid at this time.	
<input checked="" type="checkbox"/> Please apply any other charges or any credits to Deposit Account No. 03-2095.	
<b>CORRESPONDENCE ADDRESS:</b>	
Kristina Bieker-Brady, Ph.D. Reg. No. 39,109 Clark & Elbing LLP 101 Federal Street Boston, MA 02110	
Telephone: 617-428-0200 Facsimile: 617-428-7045	
<b>CUSTOMER NO.: 21559</b>	
 Signature	 Date